



Southwest Washington Health District

Preserving, Promoting & Protecting Health in Clark and Skamania Counties.

BOARD OF HEALTH - MINUTES OF MEETING

Health District Auditorium, Vancouver, Washington

JUNE 8, 2000

I. CALL TO ORDER

The meeting was called to order at 12:45 p.m. by Vice Chair Mary Kufeldt-Antle.

II. ROLL CALL

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| Judie Stanton | Clark County |
| John Kirk | City of North Bonneville, Skamania Towns & Cities' Representative |
| Ed McLarney | Skamania County |
| Ken Case | Yacolt Town Councilmember, North Clark County Cities & Towns' Representative |
| Judy Carter | Skamania County |
| Mary Kufeldt-Antle | Camas-Washougal |
| Jim Moeller | City of Vancouver |
| Jeanne Harris | City of Vancouver |

A quorum was present.

In addition to Board members, Health District staff in attendance included:

| | |
|---------------------|-----------------------------------|
| Kay Koontz | Executive Director |
| Julie Grimm | Executive Assistant |
| Karen Steingart, MD | Health Officer |
| Bonnie Kostelecky | Director, EPICS |
| Dave Kelly | Director, Administrative Services |
| Therese Falkner | Community Health & Wellness |
| Maria Johnson | EPICS |
| Anna Meddaugh | EPICS |
| Melanie Payne | EPICS |

Also in attendance: Pat Schuchetti, The Oregonian.

III. COMMUNICATIONS:

None

IV. CONSENT AGENDA

A. MINUTES: May 25, 2000

B. CLAIMS FOR MAY 2000:

- Claim Nos. 27-27 for \$170,560.07
 - Salaries of \$251,056.21 (5/01-5/15/00)
 - Benefits of \$60,786.44 (5/01-5/15/00)
 - Total payroll of \$311,842.65
- Total Itemized Expenditures = \$482,402.72**

C. ACTION TAKEN:

Presented as Staff Report 2000-20

D. REQUEST TO ADOPT 2000-01 EXEMPT COMPENSATION PACKAGE

To adopt and implement 2000-01 Exempt Compensation Package

MOTION: Jim Moeller moved and John Kirk seconded motion to approve the Consent Agenda. No further discussion. **MOTION PASSED UNANIMOUSLY.**

V. BOARD DISCUSSION/ACTION

A. ADOPTION OF ENDS POLICY FOR SAFE RECREATIONAL WATERS

Mary Antle: For those not in attendance at the last meeting, the Board had considerable discussion about the adoption of the ends policy for safe recreational waters. She complimented Kay and staff for their efforts in formulating the document, as well as the contributions in the development of the policy.

Jim Moeller: Although he wasn't able to participate in the actual ends document, he does feel that this is an excellent example of an ends policy.

MOTION: Jim Moeller moved and Ken Case seconded motion to adopt the *Ends Policy for Safe Recreational Waters*. No further discussion. **MOTION PASSED UNANIMOUSLY.**

VI. STAFF REPORTS

A. LEADING HEALTH ISSUES FOR CLARK AND SKAMANIA COUNTIES

Bonnie Kostelecky, Director of EPICS (*Epidemiology, Parent-Child Health, Infectious Disease and Clinic Services*) presented health status findings for both Clark and Skamania Counties for the year 2000. About five years ago, the state allocated local capacity development funds for the purpose of (1) developing local capacity to look at

health status information in an informed way and (2) to share that information with communities to improve health status. Each year the EPICS Division staff reviews almost 400 health indicators (e.g., birth and death indicators, health practice information, etc.). Survey sampling is conducted and state information is analyzed. An immunization study was also completed this past year.

Health status is typically reviewed by an examination of:

- death records (chronic diseases, injuries, maternal/child problems)
- birth records (mother/infant issues)
- surveys which look at such areas as behavioral practices (e.g., smoking, eating, exercise) and immunization rates.

Skamania County Health Issues:

- One of the leading causes of death is breast cancer. About five years ago, a project was begun in both Skamania and Clark County called the *Breast and Cervical Health Project* (operated out of the YWCA in Clark County). The project assures that women have an opportunity to be screened for breast and cervical cancer. This continues to be a health problem for this population. Breast cancer is viewed as a preventable cause of death if identified early. Another chronic disease that has been on the radar screen for a while is colorectal cancer, which again, is screenable and treatable.
- The rate of deaths due to firearm injuries is far higher than either the state or national rates. (It is unclear whether these deaths were intentional, unintentional or suicide,.)
- The teen pregnancy rate took a nosedive about 15 years ago and has remained low. It is one of the lowest rates in the state.

(Ed McLarney: They've really worked hard as a community - the schools, the health service, the churches - to address this issue. Alternative recreation programs were brainstormed, along with education and outreach.)

- A childhood immunization study was done in 1998, which assesses the targeted 24-month old group. Skamania County's immunization rate is at 60%, whereas the state is at 81%.

Discussion:

Ed: What is the breakdown of firearm deaths? He knows of a couple of suicides in the past few years and is unable to recall deaths due to actual hunting accidents.

John: Is it taken into account that most firearms deaths are people from outside the area and area killed in Skamania County?

Bonnie: The statistics presented are death records for the residents of Skamania County, regardless of where they were shot.

Mary: Has staff looked at whether the percentage of breast cancer cases has decreased due to more awareness of screenings and more women being screened? or whether it's due to a population decline? or some environmental causes that are unknown at this particular time?

Bonnie: That kind of detailed analysis has not been done at this point. It is known that circumstances have been created where access to mammography in the last four years has been significantly increased. The availability of the *Breast and Cervical Cancer*

grant, which has provided free mammography screenings for high risk women, was made available to Skamania residents.

Jeanne: It would be good to have more detailed analysis. Without such an analysis, we are without benchmarks and unable to identify areas to place resources. If preventive measures and education clearly resulted in improved health status, then we need to know that so it can be continued - or at least be able to prove our case. That is one of the issues the Health District's been facing - not being able to tell our story, not knowing why things are happening and not being able to justify to the public why the dollars spent on public health are so important.

Bonnie: The truth is probably that the lower teen pregnancy rate is the result of having an active family planning intervention group of public health nurses making sure that a second accidental pregnancy does not happen. They make sure they get on a method of birth control. One of the problems in analyzing these statistics is that there are so many contributors to the cause of these deaths. And there are four or five interventions that can be done for them.

Clark County Health Issues:

- Completion of the "Behavioral Risk Factor Survey" revealed that the smoking rate in Clark County remains high; in fact, the rate of cigarette smoking has increased in Clark County by 2% from 1996 to 1999. Lung cancer shows up on the radar screen.

(*Jim:* The population has increased dramatically since 1996. What is the ratio of percentage of people actually smoking when compared to our increase in population?)

Bonnie: The survey conducted was a random sample telephone survey in 1996 - and the same random sampling done in 1999. The numbers are comparable and accurate within + or - 4%.)

- Stroke continues to be a leading reason for deaths in Clark County, with many behavioral factors contributing to it, i.e., smoking, lack of exercise, management of hypertension.
- Deaths due to diabetes have increased. Again, good nutrition and exercise contribute to the management of this chronic disease.
- Some progress has been made with heart disease, as it is experiencing a downward trend.
- The risk factor survey also revealed that Clark County residents are "getting fatter," with the rate of overweight people going from 26% in 1996 to 33% in 1999.
- Women are getting breast screenings, but not cervical screenings. The incidence of cervical cancer has not decreased. These are probably women over the age of 45 who have stopped getting regular annual pap exams because they no longer need birth control, are menopausal, etc.

Discussion:

Mary: What about the chart for breast cancer? The breast cancer rates were high a couple years ago.

Bonnie: The rate is down for breast cancer.

Bonnie responded to the tracking of information on other cancers which is kept by the CHARS system. This is a hospital admissions records system - a tumor registry. The state conducts studies using the cancer registry.

- There is no Healthy People 2000 goal for how many or what the rate should be for deaths due to influenza or pneumonia. The rates have increased in Clark County. Anyone over the age of 50 is recommended to get shots for influenza/pneumonia. One of the reasons rates have increased in this county is that the county is aging, with about 9-10% of people over the age of 65. In a couple of years, that number will be 13%. Death due to either illness is preventable with vaccination. (Karen Steingart and the immunization coalition she works with will be discussing immunizations for adults.)
- Drug-related deaths remain a big problem in Clark County. About two years ago, *The Columbian* ran a story about drug-related deaths. One particular story related how a son died from drugs. The article discussed that the county has many drug labs, that this county is a methamphetamine distribution center, a major thoroughfare between Cowlitz County's shipping yards and the Portland shipping yards for heroine black tar. We also have no in-patient drug and alcohol treatment centers. This is a big problem in this county, and there are interventions that could potentially be implemented to help.
- Clark County exceeds the national target rate for deaths due to suicide for white males age 20-34 (32%) and 65 and over (46.5%).

Discussion:

Ken: Why were "white males" specified with suicide statistics?

Bonnie: The national target specifically identifies white men because suicide is far greater for white males, whereas homicide is far greater for black males.

Judy: It seems strange that there is a higher suicide rate for men 65 and over than ages 20 to 34.

Jeanne: One explanation might be that when a spouse dies, the other may be lost without their mate. Also, they may have a disease they are unable to deal with. Additionally, what makes them valuable after retiring - especially a white male as this society tends to identify him by his work. More emphasis is needed in mental health.

Jim: "Retirement is bliss" is a myth. So is the idea "when we get to be 60-65 and retire, we experience life's golden years." It's not really that way. Losses along the way accumulate, then sometimes follows alcohol and other abuses. He sees this a lot in his work.

Bonnie: White males should be screened for depression. There are interventions that can be done for depression.

Mary: Screening should also be done for postpartum depression.

Bonnie: There is a stigma around depression - also, alcoholism, heart disease, diabetes.

Bonnie stated that the good news is:

- The total number of childhood deaths (under one year of age) have decreased dramatically.

- The number of childhood deaths attributed to SIDS have significantly decreased, dropping to 15.6% from the 1986-90 level of 30.4%. The "Back to Sleep" program occurred from 1996 to 1999 to get infants flipped on their backs to sleep, rather than their stomachs. Public health nurses were intimately involved with that program - information was distributed to all physician offices, Healthy Steps and other providers.
- The teen pregnancy in Clark County has gone down and has remained down for the past 15 years.

(Kay: Ten to twelve years ago, the First Steps program began, which primarily helps pregnant women. That program has allowed us to have additional numbers of public health nurses in Skamania, Klickitat and Clark Counties. That has certainly been a contributing factor in preventing pregnancies.)

The EPICS Division completed a study in December where community parents were randomly selected to look at children who were 19 to 35 months old. In the process, it was discovered that over a 5-6 year period of time - even after a measles outbreak, even after changes were made (ordinance requiring two doses of measles vaccine), the immunization rate has remained essentially the same with only 67% of the children immunized in Clark County. This information is not only disappointing, but it is scary. We have kids in day care, schools, grocery checkout lines, etc., and they are at risk. Maybe two generations after the polio epidemic the fear is no longer there - most people have never seen an iron lung.

Bonnie and Karen have been discussing this problem. They realize they don't have all the answers. They would like to go to the community to get more information and to have conversations with the immunization coalition. It is hoped that by the end of the year they will have some ideas and suggestions.

Discussion:

Jeanne: She is looking at boarding her dogs in order to travel, but she is unable to get them in without shots. Why are children allowed in day cares without having them immunized?

Mary: They are not supposed to be in day care without shots. There are forms that have to be filled out if the day care is a good day care.

Jeanne: What about home day care? Why can't we go where we know children will end up and screen them there to make sure they get their shots?

Bonnie: We think that all of these things are part of it, but we don't yet have the whole picture.

Jeanne: When we have to cut dollars at this Health District and we're cutting out education and prevention, this is the result. We will continue to see these numbers go up. We have people from other countries coming here that may not accept or know that they are in need of shots.

Mary: When her mother came to this country, people who weren't vaccinated were quarantined on Ellis Island. It is not a requirement like it used to be.

Jim: Other than a couple of areas, it doesn't look like we are making much headway. He doesn't know what the answer is, but his observation is that somewhere along the line we have to get people's attention. Maybe we need to consider some kinds of activities to raise awareness about these issues.

Bonnie: We are probably talking about generational interventions. Next month, Mary Renaud will be giving a presentation on brain development and generational interventions to prevent juvenile detention. She will be talking about *Ghosts from the Nursery* which subscribes to an intervention that occurs prenatally.

Kay: We had every belief that all of the interventions we have been doing were improving the rate of immunization. The fact we are measuring and surveying is very important. The Board had asked us to make this presentation on the leading health issues for the purposes of directing some of the policy issues. That may be something the Board would want on a future agenda.

(Jim Moeller and Mary Antle requested copies of Bonnie's reports.)

B Meningococcal Disease Update:

(Karen Steingart provided the Board with the following update on the recent case of meningococcal disease.)

A Vancouver boy developed symptoms of meningitis on Sunday morning, was taken to medical care in the afternoon and died in the evening. This type of meningitis can invade the body and cause deterioration of the body literally in front of one's eyes. This is happening at a time (summer) when generally cases of meningococcal disease decrease and also at a time in the experience of Clark County when the rate of meningococcal disease has been steadily coming down. Since the early 1990s, there has been a communitywide outbreak of meningococcal disease in Clark County and the state of Oregon. The worst year was 1994 with 25 cases and 3 deaths. The rate at that time was 8.9 cases per 100,000. For comparison purposes, the average in the United States was only 1-2 cases per 100,000.

To understand why this happens, this area was the first place in the nation for the entry of an unusual strain of this particular organism. It was a particular strain that was new to our population and was traced to Chile. The organism is carried in up to 10% of healthy people. It is not invading us; just colonizing and sitting there. Since so many people carry it, it is often hard to trace it from one person to another.

What happened to this child? This bacteria can infect otherwise healthy people, which is what happened in this case. When the report was received by the Health District, our disease specialists got on the phone to identify contacts - people who have had close, prolonged and intense exposure to the child. (Bacteria is passed by respiratory secretions - liquid in the nose and throat.) Those close contacts were targeted for receiving preventive medicine as soon as possible. In this instance, about 30 persons were identified (family members, close friends who might have shared pop, utensils, etc.). There was also a group at the child's school - classmates who sat at the same table day after day - who were targeted for preventive medicine.

The symptoms of meningococcal disease are coming down quickly with a fever, severe headache, stiff neck, nausea and vomiting, a rash and a general feeling of just "feeling awful." It's not any one symptom that denotes this disease, but the combination of several. Having had a previous viral infection (a week before) has been found to be a risk factor for the invasion of this bacteria.

In 1994 a study conducted by the Oregon Health Division revealed that smoking is a risk factor (either smoking directly or a parent smoking around a child) increases the risk of contracting meningococcal disease.

A. FINANCIAL REPORT

Dave Kelly, Director of Administrative Services, presented a financial review for the District. Handouts provided an overview of revenues and expenditures for the fiscal year 1999 and also for January through April of 2000. The numbers reflect a collection rate of 97% of all budgeted revenues and 94.3% of the allowed expenditures in 1999. In 1999 the Board approved the incorporation of a beginning fund balance in the budget, so the net effect - minus the beginning fund balance - is an overexpenditure of revenue by \$310,000. This was a known and predicted outcome of the 1999 budget.

Usage of the fund balance for the ongoing expenses of the District has been a planned and known event to take the District into the 2001 budget. On the revenue side, an important trend is that Medicaid fees and client-paid fees continue to not be equal to what has been budgeted. One of the real challenges for staff is to not give "rosy" or overabundant revenue figures just to balance the budget. Staff have estimated what income will be from fees for service, especially on the personal health side. In the past two years, these have continued to be a very difficult revenue to forecast. Previous years prior to 1998 (1990-1997) were more on target. Speculation is that we're not certain what's happening in the private sector provider arena.

Under the state grants, the -\$173,000 occurred because we collected all our normal state grants, but we had more in-kind vaccines allotted to us that we did not use.

Discussion:

John: What is the thirteenth month?

Dave: The thirteenth month is accounting terminology referring to "cleanup" of all entries - assuring everything is accurately posted.

Jim: Are we \$310,000 in the hole?

Dave: Yes, if comparing the activities of 1999 (revenue side) and the activities of 1999 (expenditure side), we are \$310,000 in the hole. However, this was anticipated, and the Board authorized the use of the reserve fund to offset that occurrence.

Jeanne: Is the District asked to carryforward the \$310,000?

Dave: The answer is not certain - that will be a policy issue that will be before the Board.

Mary: What was the amount in the reserve fund?

Dave: The reserve account was about \$1.6 million (now \$1.3 million after the \$310,000 was utilized). The origin of the predominant amount of the reserve was "federal administrative match" funds received in the mid-1990s that far exceeded expectations. Those funds were consciously set aside to use as a balancing tool for our transition plan period. The 2001 budget has always been the target budget when the District would complete that transition plan period.

Dave directed the Board to the first four months' activity for the year 2000. The first quarter of the year is traditionally volatile as certain revenues are collected at the beginning of the year and some revenue is collected toward the end of the year. For example, fees for service are heavily reliant on the back-to-school scenario and are not yet reflected in the first quarter. Fees for service in Environmental Health are predominantly collected at the beginning of the year.

Discussion:

Ken: Does this include recovery of lost funds from I-695?

Dave: No, it does not.

Kay: Clarified that the cuts are reflected, but not the restoration.

Jeanne: What is the dollar amount of the restoration?

Dave: In effect, the District lost \$1.3 million and have been told we would recover 90% of that amount, or a total about \$1.1 million. The Legislature made an error in their budgeting (a known error), so officially we have half of that back for the year 2000, or \$512,000. The \$512,000 will be returned beginning July 1 - and then annualized for the year 2001, we will receive the \$1.1 million. However, that's a known error. We were supposed to receive for January through June 30 another \$512,000. It may well be that we receive that back, but that is not a "known".

B. BUDGET PROCESS 2000-01

Kay: It is recommended that the first budget committee meeting coincide with the next Board meeting on July 13th - beginning before the Board meeting (11:30; lunch served for committee).

(There was some discussion about the confusion over actual Board meeting dates. The next Board meeting will be July 13th. The regular third Thursday schedule will resume with the October meeting.)

VII. COMMUNICATIONS

A. EXECUTIVE DIRECTOR

Kay referenced the Skamania County report. Mary Antle asked Mayor Kirk if he was satisfied with the information provided on Skamania County, and John was very satisfied. Kay reassured Mayor Kirk that Skamania County reports would be a regular report. Also, next month there will be a report on the Traffic Safety Commission in Skamania County.

Kay added that she provided a more detailed explanation of the process we used in identifying the positions that needed to be restored and positions required to build capacity.

B. BOARD MEMBERS

Mary relayed Betty Sue's comments to the Board that the process will begin for the annual review the Executive Director's performance. Everyone will be (or has already received) a review form from Betty Sue's office.

Ken congratulated Kay and staff for the letters they receive in recognition of their activities (letters included in packet).

VIII. ADJOURN

The meeting adjourned at 2:30 p.m.

Submitted by:

Kay Koontz, Executive Director

Julie Grimm, Executive Assistant